

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Plans

Memorandum No: 05-52 MAA
Issued: June 28, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Supersedes # Memorandum:
04-92, 04-43

Subject: Neurodevelopmental Centers: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- Additions of Current Procedural Terminology (CPT™) codes; and
- One (1.0) percent vendor rate increase.

Maximum Allowable Fees

MAA is updating the Neurodevelopmental Centers fee schedule with Year 2005 RVUs. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Attached are updated replacement pages 10–20 for MAA's current *Neurodevelopmental Centers Billing Instructions*.

Bill MAA your usual and customary charge.

Added Procedure Codes

The following procedure codes have been added to the Occupational Therapy (OT) Program.

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable	
		Non Facility Setting	Facility Setting
97004	OT Re-evaluation	\$29.52	\$18.40
97150	Group therapeutic procedure	10.45	10.45

Diagnosis Reminders

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily).
 - a) Click *General Store*.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either *I'm New* or *Been Here*.
 - ii. If new, fill out the registration and click *Register*.
 - iii. If returning, type your email and password and then click *Login*.
 - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Fee Schedule



Note: A program unit is based on the CPT® code description. If the description does not include time, the procedure equals one unit, regardless of how long the procedure takes.

If time is included in the CPT code description the beginning and ending times of each therapy modality must be documented in the client's medical record.

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT code descriptions. To view the full descriptions, please refer to your current CPT book.

PHYSICAL THERAPY

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Tens Application			
64550	Apply neurostimulator	\$10.67	\$5.45
Muscle Testing			
(The maximum allowable is for payment in full, regardless of time required.)			
95831	Limb muscle testing, manual	17.26	9.54
95832	Muscle testing manual	14.53	9.77
95833	Body muscle testing, manual	24.53	16.35
95834	Body muscle testing, manual	28.84	20.67
95851	Range of motion measurements	12.04	5.68
95852	Range of motion measurements	8.63	3.86

Physical Therapy (cont.)

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Modalities			
97010	Hot or cold packs therapy	Bundled	Bundled
97012	Mechanical traction therapy	\$8.86	\$8.86
97014	Electrical stimulation therapy	8.63	8.63
97016	Vasopneumatic device therapy	8.40	8.40
97018	Paraffin bath therapy	3.86	3.86
97020	Microwave therapy	2.95	2.95
97022	Whirlpool therapy	8.86	8.86
97024	Diathermy treatment	3.18	3.18
97026	Infrared therapy	2.95	2.95
97028	Ultraviolet therapy	3.63	3.63
(For the procedures listed below, the therapy provider is required to be in constant attendance.)			
97032	Electrical stimulation	9.54	9.54
97033	Electrical current therapy	12.26	12.26
97034	Contrast bath therapy	8.40	8.40
97035	Ultrasound therapy	7.27	7.27
97036	Hydrotherapy	13.85	13.85
97039	Physical therapy treatment	7.04	7.04

Physical Therapy (cont.)

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Therapeutic Procedures (Therapy provider is required to be in constant attendance.)			
97110	Therapeutic exercises	\$16.81	\$16.81
97112	Neuromuscular re-education	17.71	17.71
97113	Aquatic therapy/exercises	19.30	19.30
97116	Gait training therapy	14.76	14.76
97124	Massage therapy	13.40	13.40
97139	Physical medicine procedure	9.54	9.54
97140	Manual therapy	15.90	15.90
97150	Group therapeutic procedure	10.45	10.45
97504	Orthotic training	18.40	18.40
97520	Prosthetic training	16.81	16.81
97530	Therapeutic activities	17.71	17.71
97535	Self care mngmt training	18.17	18.17
97537	Community/work reintegration	16.35	16.35
97542	Wheelchair mngmt training	Not Covered	
97545	Work hardening	Not Covered	
97546	Work hardening add-on	Not Covered	
97597	Active wound care/20 cm or <	29.30	29.30
97598	Active wound care > 20 cm	37.47	37.47
97602	Wound care non-selective	19.53	19.53
97605	Neg press wound tx, < 50 cm	Bundled	Bundled
97606	Neg press wound tx, > 50 cm	Bundled	Bundled

PHYSICAL THERAPY (cont.)

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Tests and Measurements			
97001	Pt evaluation	\$45.65	\$38.61
97002	Pt re-evaluation	24.30	19.30
97005	Athletic evaluation	Not Covered	
97006	Athletic re-evaluation	Not Covered	
97703	Prosthetic checkout	15.44	15.44
97750	Physical performance test	17.94	17.94
97755	Assistive technology assessment	20.89	20.89
Other Procedures			
97532	Cognitive skills development	Not Covered	
97533	Sensory integration	Not Covered	
97799	Unlisted physical medicine rehabilitation service or procedure	By Report	

TEAM CONFERENCES

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
99361	Physician/team conference	\$40.88	\$28.39
99362	Physician/team conference	72.22	56.78

PEDIATRIC EVALUATION

Procedure Code/ Modifier	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
New Patient			
99201	Office/outpatient visit, new	\$33.52	\$21.77
99202	Office/outpatient visit, new	59.79	42.85
99203	Office/outpatient visit, new	88.82	66.01
99204	Office/outpatient visit, new	125.45	97.80
99205	Office/outpatient visit, new	158.63	129.95
Established Patient			
99211	Office/outpatient visit, est	20.04	8.29
99212	Office/outpatient visit, est	35.60	22.12
99213	Office/outpatient visit, est	48.38	32.49
99214	Office/outpatient visit, est	75.69	53.91
99215	Office/outpatient visit, est	109.90	86.40



Note: Use modifier HA with CPT codes 99201-99215 to receive higher reimbursement for these services when using the parent's PIC to bill for services for an infant who has not received his or her own PIC.

Modifier HA: Child/adolescent program

SPEECH THERAPY

Procedure Code/ Modifier	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists and Speech-Language Pathologists			
92506	Speech/hearing evaluation	\$79.94	\$29.30
92507	Speech/hearing therapy	37.93	17.49
92508	Speech/hearing therapy	17.94	8.86
92510	Rehab for ear implant	83.57	54.50
92551	Pure tone hearing test, air	10.28	10.28
97532	Cognitive skills development	14.76	14.76
97533	Sensory integration	15.67	15.67
Audiologists Only			
69210	Remove impacted ear wax	29.30	20.21
92541	Spontaneous nystagmus test	33.61	33.61
92541-TC	Spontaneous nystagmus test	19.76	19.76
92541-26	Spontaneous nystagmus test	13.85	13.85
92542	Positional nystagmus test	34.29	34.29
92542-TC	Positional nystagmus test	22.94	22.94
92542-26	Positional nystagmus test	11.36	11.36
92543	Caloric vestibular test	15.90	15.90
92543-TC	Caloric vestibular test	12.26	12.26
92543-26	Caloric vestibular test	3.63	3.63
92544	Optokinetic nystagmus test	27.25	27.25
92544-TC	Optokinetic nystagmus test	18.40	18.40
92544-26	Optokinetic nystagmus test	8.86	8.86
92545	Oscillating tracking test	24.30	24.30
92545-TC	Oscillating tracking test	16.35	16.35
92545-26	Oscillating tracking test	7.95	7.95
92546	Sinusoidal rotational test	52.91	52.91
92546-TC	Sinusoidal rotational test	43.15	43.15

Current Procedural Terminology © 2004 American Medical Association. All Rights Reserved.

(Revised June 2005)

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Fee Schedule

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Speech Therapy (cont.)

Procedure Code/ Modifier	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92546-26	Sinusoidal rotational test	\$9.77	\$9.77
92547	Supplemental electrical test	2.95	2.95
92552	Pure tone audiometry, air	10.90	10.90
92553	Audiometry, air & bone	16.35	16.35
92555	Speech threshold audiometry	9.54	9.54
92556	Speech audiometry, complete	14.31	14.31
92557	Comprehensive hearing test	29.75	29.75
92567	Tympanometry	13.17	13.17
92568	Acoustic reflex test	9.54	9.54
92569	Acoustic reflex decay test	10.22	10.22
92579	Visual audiometry (VRA)	17.94	17.94
92582	Conditioning play audiometry	17.94	17.94
92584	Electrocochleography	60.86	60.86
92585	Auditor evoke potent, compre	62.23	62.23
92585-TC	Auditor evoke potent, compre	45.42	45.42
92585-26	Auditor evoke potent, compre	16.81	16.81
92586	Evoked auditory test	45.42	45.42
92587	Evoked otoacoustic emissions; limited	36.79	36.79
92587-TC	Evoked otoacoustic emissions; limited	32.25	32.25
92587-26	Evoked otoacoustic emissions; limited	4.54	4.54
92588	Evoked auditory test	48.37	48.37
92588-TC	Evoked auditory test	36.34	36.34
92588-26	Evoked auditory test	12.04	12.04

Speech Therapy (cont.)

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
Audiologists Only (cont.)			
92601	Cochlear implt f/up exam < 7	\$82.21	\$82.21
92602	Reprogram cochlear implt < 7	56.32	56.32
92603	Cochlear implt f/up exam 7 >	50.64	50.64
92604	Reprogram cochlear implt 7 >	32.48	32.48
92620	Auditory function, 60 min	27.48	27.48
92621	Auditory function, + 15 min	6.81	6.81
92625	Tinnitus assessment	27.02	27.02
Speech-Language Pathologist Only			
92526	Oral function therapy	50.87	17.49
92597	Oral speech device eval	59.27	30.43
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	71.99	71.99
92608	Ex for speech device rx, addl	13.63	13.63
92609	Use of speech device service	37.47	37.47
92610	Evaluate swallowing function	80.62	80.62

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OCCUPATIONAL THERAPY

Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$10.67	\$5.45
97003	OT evaluation	48.83	37.70
97004	OT re-evaluation	29.52	18.40
97110	Therapeutic exercises	16.81	16.81
97112	Neuromuscular reeducation	17.71	17.71
97113	Aquatic therapy/exercises	19.30	19.30
97150	Group therapeutic procedures	10.45	10.45
97504	Orthotic training	18.40	18.40
97520	Prosthetic training	16.81	16.81
97530	Therapeutic activities	17.71	17.71
97532	Cognitive skills development	14.76	14.76
97533	Sensory integration	15.67	15.67
97535	Self-care mngment training	18.17	18.17
97537	Community/work reintegration	16.35	16.35
97703	Prosthetic checkout	15.44	15.44

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